
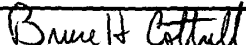


05/01/03

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.: S-94,789 First Inventor or Application Identifier: Peter A. Chiarelli Title: FABRICATION OF MULTILAYERED THIN FILMS VIA SPIN-ASSEMBLY Express Mail Label No.: ET461826039US	
APPLICATION ELEMENTS		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g. PTO/SB/17) (submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages: 16] <input checked="" type="checkbox"/> Descriptive title of the Invention <input checked="" type="checkbox"/> Cross References to Related Applications <input checked="" type="checkbox"/> Statement Regarding Fed sponsored R&D <input type="checkbox"/> Reference to sequence listing, a table or a computer program listing appendix <input checked="" type="checkbox"/> Background of the Invention <input checked="" type="checkbox"/> Brief Description of the Drawings (if filed) <input checked="" type="checkbox"/> Detailed Description <input checked="" type="checkbox"/> Claim(s) <input checked="" type="checkbox"/> Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawings(s) (35 U.S.C. 113) [Total Sheets: 5] <input type="checkbox"/> Formal <input checked="" type="checkbox"/> Informal 5. <input checked="" type="checkbox"/> Declaration & Power of Attorney [Total Pages: 2] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 63(d) (for continuation/divisional with Box 16 completed) c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b).		6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. <input type="checkbox"/> Assignment Papers (cover sheet & documentation) 9. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 10. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) 13. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 14. <input type="checkbox"/> Nonpublication Request and Certification Under 35 U.S.C. 122(b)(2)(b)(i) 15. <input type="checkbox"/> Other:	
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application S.N. ____/____. Prior application information: Examiner: _____ Group/Art Unit: _____ <small>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small>			
16. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <div style="text-align: center;">  35068 <small>PATENT TRADEMARK OFFICE</small> (Insert Customer No. or Attach Bar Code Label here) </div> <div style="text-align: right;">OR <input type="checkbox"/> Correspondence Address Below</div>			
Name: Bruce H. Cottrell Address: Los Alamos National Laboratory LC/IP, MS A187 City: Los Alamos State: New Mexico Zip Code: 87545 Country: United States Telephone: (505) 667-9168 Fax: (505) 665-4424			
Name (Print/Type): Bruce H. Cottrell		Registration No. (Attorney/Agent): 30,620	
Signature: 		Date: July 11, 2003	

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FEE TRANSMITTAL For FY 2003				Complete if Known																																																																																																																																																																																									
Patent fees are subject to annual revision (submit an original and a duplicate for fee processing)				Application Number: _____ Filing Date: July 11, 2003 First Named Inventor: Peter A. Chiarelli Examiner Name: _____ Group/Art Unit: _____ Attorney Docket No.: S-94,789																																																																																																																																																																																									
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Signature:		Date: July 11, 2003	Telephone: (505)667-9168																																																																																																																																																																																										